eCourts Attorney Access Request Form				
Last Name		First Name		
Email Address	NJ		Attorney ID Number	
Employer/Firm Name (Primary)				
Address: Street				
City	State	Zip	Telephone Number	
Employer/Firm Name (Additional)				
Address: Street				
City	State	Zip	Telephone Number	
Filing Courts (check all that apply)	,			
☐ Tax (all counties)	Criminal (select counties you file in below)			
Collateral Account Number	☐ Atlantic ☐ Gloucester ☐ Ocean			
	☐ Berg	jen 🔲 Huds	on 🔲 Passaic	
If you anticipate submitting any pleading that	☐ Burli	ngton 🔲 Hunte	erdon 🗌 Salem	
requires a filing fee to Tax Court, you must first establish a collateral account with the Judiciary's	☐ Cam	iden 🔲 Merce	er Somerset	
Office of Banking and Cash Management.	☐ Cape	e May 🔲 Middl	esex Sussex	
Go to njcourts.com/jacs to register for the	☐ Cum	berland 🔲 Monm	nouth 🔲 Union	
Judiciary Account Charge System (JACS) through the self-service application.	☐ Esse	ex 🗌 Morris	s 🔲 Warren	
Send your completed eCourts Access Reque Please use the subject line "eCourts Access directed.		•		
You will receive an acknowledgement of rec Clerk's Office.	ceipt and status	s update from the	Superior Court	